



Florida Medical Manufacturers' Consortium, Inc.

□ *Linking technologies that save lives* □

Using Contracts to Minimize Producers Liability Risk
Presented by Roshelle Davis, Medmarc Insurance Group
November 16, 2010
Feather Sound Country Club - Clearwater, Florida
7:30 am – 9:00 am

Registration Information

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

List Additional Attendees: _____

Registration Fees

	<u>Price</u>	<u>Quantity</u>	<u>Amount</u>
Member(s)	\$20	_____	\$_____
Non Member(s)	\$30	_____	\$_____
		Total	\$_____

Payment

Payment information (please check one)

_____ **Check Enclosed.** Please make checks payable to the *FMMC*. Check # _____

Credit Card Payment _____ Master Card _____ VISA _____ AMEX

Credit Card Number _____ Exp Date _____ Security Code* _____

*This is the 3 digit number that appears on the reverse of your credit card. For AMEX cards only, this is the 4 digit number on the front of your card.

Cardholder Name _____ Signature _____

Billing Address and Phone Number if different from registration _____

Mail, fax or email registrations to:

P.O. Box 7683
Tallahassee, FL 32314-7683
Email: Info@FlaMedMfg.org
Fax: 850-201-6966

For more information or to register, contact the FMMC office at 850-270-3158